POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	bm		01-04 01
O.I.P.E. CLASSIFIER	RSO		7/18/01
FORMALITY REVIEW	DL.	ION	8-2201
RESPONSE FORMALITY REVIEW	N		

INDEX OF CLAIMS

~	Rejected	Ν.	Non-elected
	Allowed	Ι.	Interfere ice
	(Through numeral) Canceled	Α.	Appeal
-	Restricted	0	Objected

	÷	O Objected			
Claim \	Date	Claim	Date	Claim	Date
Final Coriginal		Final		Finat	
" G \		510	 	101	111
(2 0				102	
		52 O		103	
(4 6)		54 0		104	+
5		55		105	+++
6 V		56		106	+++
70		57	 	108	++-+
/8 /		58 1	 	109	+
(9)		60		110	+++
10 /		64		111	+++
12	 - 	62	++++	112	111
13 3	 	63 V	++++	113	
14 1		64 0		114	
15		65		115	
16		66 1		116	
17		67		117	+
18		68		118	
19 🗸		69		119	
20 6		70	44444	120	-
21 V		71		121	
22 0		72 73		123	+++
23		74		124	+-+
25 1		75	 - - - - 	125	
	 	76	 	126	
26 0		77		127	
28 (78		128	
29		79		129	
(30)		80		130	\bot
31		81		131	+
32		82		132	+
33		83		133	
3	 	84		135	+
35	 	86		136	+++
36 0		87		137	++
38	 	88		138	\Box
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	_ _ _
46		96		146	
47		97		147	
48		98		148	
49 7	 	100		149 150	++-
50 i/		1100		1.30	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)



BEST AVAILABLE CO